Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney of agent (SB83)

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

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Application Number	10/614685	
Filing Date	7/03/2003	
First Named Inventor		
Art Unit		
Examiner Name		
Attorney Docket Number	PHA3.PAU.01	

P.C	mmissioner for Patents D. Box 1450 exandria, VA 22313-1450			OIPE				
	withdraw me as attorney or agent	for the above identified pater	t application, and	AUG 2 9 2009				
	all the practitioners of record;							
√	the practitioners (with registration	numbers) of record listed on	the attached paper(s); or	TRADEMARK OF				
	the practitioners of record associa	ated with Customer Number:						
NOTE:	The immediately preceding box ser Number.	hould only be marked when t	ne practitioners were appoir	nted using the listed				
The re	eason(s) for this request are those	e described in 37 CFR :	_					
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	10.40(c)(1)(i)	0.40(c)(1)(ii)	10.40(c)(1)(iii)	10.40(c)(1)(iv)				
	10.40(c)(1)(v) 1	0.40(c)(1)(vi)	10.40(c)(2)	10.40(c)(3)				
	10.40(c)(4)	0.40(c)(5)	10.40(c)(6) Please explain be	elow:				
Chack	and have below that in factor	Certifications						
be appro	each box below that is factuo	ally correct. WARNING: If	a box is left unchecked, t	he request will likely not				
1. 1 practition	I/We have given reasonable ner(s) intend to withdraw from	notice to the client, prior to employment.	the expiration of the res	ponse period, that the				
2. ✓ (includin	I/We have delivered to the c ng funds) to which the client is	lient or a duly authorized r entitled.	epresentative of the clien	t all papers and property				
	I/We have notified the client ust respond.		/ be due and the time fra	me within which the				
Please p	provide an explanation, if nece	essary:						

[Page 1 of 2]

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AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS

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OR					
	entor or signee name				
Address					
City	State Zip Country				Country
Telephone	e Email				
I am authorized to sign on behalf of myself and all withdrawing practitioners.					
Signature	/jca/				
Name	Joseph C. Andra	as		Registration No. 3	3469
Address 19900 MacArthur Blvd., Suite 1150					
City Irvin	City Irvine State CA Zip 92612 Country USA				
Date	8/26/08 Telephone No. 949-223-9610				
NOTE: Withdrawal is effective when approved rather than when received.					

[Page 2 of 2]
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Telephone			Email		
I am autho	orized to sign on b	pehalf of myself and all with	drawing prac	titioners.	
Signature	/David L. Henty	1			
Name	David L. Henty			Registration No.	31323
Address 19900 MacArthur Blvd., Suite 1150					
City Irvin	ity Irvine State CA Zip 92612 Country USA				
Date	8/26/08 Telephone No. 949-223-9610				
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Telephone			Email			
I am autho	orized to sign on b	pehalf of myself and all without	drawing prac	ctitioners.		
Signature	/SL/					
Name	Steven Laut			Registration No.	47736	
Address 19900 MacArthur Blvd., Suite 1150						
City Irvin	City Irvine State CA Zip 92612 Country USA			untry USA		
Date	8/26/08 Telephone No. 949-223-9610					
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A. The	address of the invo	entor or assignee associated wit	th Customer	Number:	
OR					
	entor or signee name				
Address					
City		State Zip Country			
Telephone		E	imail		
I am autho	I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature	/Vic Lin/				
Name	Vic Y. Lin			Registration No.	43754
Address 19900 MacArthur Blvd., Suite 1150					
City Irvin					
Date	8/26/08 Telephone No. 949-223-9610				
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	entor or signee name						
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Telephone			Em	nail			
I am autho	orized to sign or	n behalf of myself and	d all withdra	awing pract	itioners.		
Signature	/kls/					-	
Name	Kenneth Sher	man			Registration	n No. 3	3783
Address 19900 MacArthur Blvd., Suite 1150							
City Irvin	ly Irvine State CA Zip 92612 Country USA			ry USA			
Date	8/26/08 Telephone No. 949-223-9610						
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I am autho	orized to sign on b	pehalf of myself and all withd	rawing prac	ctitioners.	
Signature	Signature /MZ/				
Name	Michael Zarrabia	an		Registration No.	39886
Address 19900 MacArthur Blvd., Suite 1150					
City Irvin	y Irvine State CA Zip 92612 Country USA				
Date	8/26/08 Telephone No. 949-223-9610				
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